

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Date Received
MAR 11 2013

City of El Cerrito

City Clerk

Please type or print in ink.

NAME OF FILER

(LAST) ABELSON

(FIRST)

JANET

(MIDDLE)

H

1. Office, Agency, or Court

Agency Name

City of El Cerrito

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: MSC, SA to RDA, Pension Trust Bd., PFA

Position: Board Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ Multi-County ALAMEDA, CONTRA COSTA

☒ City of El Cerrito

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of CONTRA COSTA

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☒ **Schedule A-1 - Investments** - schedule attached

☒ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule B - Real Property** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☒ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None** - No reportable interests on any schedule PAGE FOR ADDITIONAL AGENTS

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

3-9-13

(month, day, year)

Expanded Form 700

Additional Agencies

- | | |
|--|--------------|
| 6. Contra Costa Transportation Authority | Commissioner |
| 7. West Contra Costa Transportation Advisory Committee | Board Member |
| 8. AC Transit Accessibility Advisory Committee | Board Member |

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name ABELSON, JANET

▶ NAME OF BUSINESS ENTITY
UNION PACIFIC RAILROAD, CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RAILROAD

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
REALTY INCOME CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
REAL ESTATE INVESTMENT

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL ELECTRIC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ELECTRICAL, AEROSPACE FINANCIAL SERVICES, MANUFACTURING

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
PROCTOR & GAMBLE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONSUMER PRODUCTS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CHEVRON

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PETROLEUM PRODUCTS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
BRISTOL MYERS-SQUIBB

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
DRUGS, CONSUMER PRODUCTS

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>ABELSON JANET</u>

1. BUSINESS ENTITY OR TRUST

LAW OFFICE OF HOWARD ABELSON
Name
3220 BLUME DR. #117
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

LEGAL SERVICES

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

12 12
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION COMMUNITY PROPERTY INTEREST

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

NONE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☒ REAL PROPERTY
HOWARD ABELSON ATTORNEY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
3150 117th ST #117 RICHMOND, CA 94806

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

12 12
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☒ Leasehold EXPIRED 11-30-12 ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

12 12
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☒ REAL PROPERTY
HOWARD ABELSON ATTORNEY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
3220 BLUME DR #117 RICHMOND, CA 94806

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

12 12
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☒ Leasehold 3 ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name ABELSON, JANE

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3150 HILLTOP MALL RD #31

CITY
RICHMOND, CA 94806

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/12 11/30/12
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☒ Leasehold 2 Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3220 BLOOMINGDALE DR #197

CITY
RICHMOND, CA 94806

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/12 12/1/12 ____/____/12
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☒ Leasehold 3 Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name ABELSON, JANET

► NAME OF SOURCE (Not an Acronym)

MEYERS NAME

ADDRESS (Business Address Acceptable)
555-12 TH ST OAKLAND CA 94608

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ATTORNEYS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/12/12</u>	<u>\$65</u>	<u>MEAL</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>ABELSON</u> <u>DAVID</u>

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) <u>LEAGUE OF CALIFORNIA CITIES</u>	
ADDRESS (Business Address Acceptable) <u>1400 K ST</u>	
CITY AND STATE <u>SACRAMENTO, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>LEAGUE OF CITIES</u>	
DATE(S): <u>1/19/12 - 1/20/12</u> AMT: \$ <u>43.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>POLICY COMMITTEE</u> <u>MEETING</u>	

▶ NAME OF SOURCE (Not an Acronym) <u>LEAGUE OF CALIFORNIA CITIES</u>	
ADDRESS (Business Address Acceptable) <u>1400 K ST</u>	
CITY AND STATE <u>SACRAMENTO CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>LEAGUE OF CITIES</u>	
DATE(S): <u>3/29/12</u> AMT: \$ <u>29.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>POLICY COMMITTEE</u> <u>MEETING</u>	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): _____ AMT: \$ _____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): _____ AMT: \$ _____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____